Foster Family Home - Corrective Action Report

Provider ID:

1-150058

Home Name:

Grace Dolor, RN

Review ID: 1-150058-1

45-216 Makahio St.

Reviewer:

Kaneohe

96744 HI

10/30/2015 Begin Date:

End Date: /////5

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit on 10/30/15 for initial review for 2 client home. A corrective action report issued at visit and due 11/30/15. Refer to appropriate sections of report.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)CG #1 and HHM#2 need symptom list for TB clearance.

ance Mänager

Primary Care Giver

10/30/15 Date 10/30/17

10/30/2015 19:34 PM

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November 11, 2015

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-6.(d)(1) Home to comply with all applicable requirements in this chapter, and home visit on 10/30/15 for initial review for 2 client home. A corrective action report issued at visit and due 11/30/15.

17-1454-41.(f)(1) The home received a current Employee Health Screening in 6/6/ 2015 for CG#1. Home received current TB clearance on 10/10/2015 for HHM#2. It is on file in the home personnel record. The home will utilize the computer calendar and the iPhone reminders to track when personnel requirements are due to prevent any requirement from expiring in the future. Enclosed are the employee health screening for CG#1 and TB clearance for HHM#2.

Signed: Grack Dalon, Feb 11/11/2015

Grace Dolor 45-216 Makahio Street Kaneohe, HI 96744